

DACA VI, LLC  
1565 Hotel Circle South, Suite 310  
San Diego, CA 92108  
Ph. 619-220-8900/ Fax 619-220-8112

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

In re:

CITY OF DETROIT, MICHIGAN,

Debtor.

) CHAPTER 9  
)  
) Case No. 13-53846  
) Hon. Steven W. Rhodes  
)  
) NOTICE OF TRANSFER OF CLAIM  
) OTHER THAN FOR SECURITY AND  
) WAIVER OF NOTICE  
)  
) Bankruptcy Rule 3001(e)(1)

PLEASE TAKE NOTICE that the scheduled claim of **OAKLAND REGIONAL MACOMB CENTER** ("Transferor") against the Debtor in the amount of **\$1,234.69**, as listed within the list of creditors and claims filed by the Debtor, and all other claims of Transferor have been transferred and assigned other than for security to DACA VI, LLC ("DACA"). The signature of the Transferor on this document is evidence of the transfer of the claims and all rights there under. Transferor hereby agrees to waive notice as described by Bankruptcy Rule 3001(e)(1).

I, the undersigned Transferor of the above-described claims, hereby assign and transfer my claims and all rights there under to DACA upon terms as set forth herein and in the offer letter received. I represent and warrant that the claim is not less than **\$1,234.69** and has not been previously objected to, sold, or satisfied. Upon notification by DACA, I agree to reimburse DACA a portion of the purchase price if the claim is reduced, objected to, or disallowed in whole or in part by the Debtor. Such reimbursement would be calculated as follows: dollar amount of claim reduction multiplied by the purchase rate. Other than as stated above, DACA assumes all risks associated with the debtor's ability to distribute funds. I agree to deliver to DACA any correspondence or payments received subsequent to the date of this agreement and authorize DACA to take any steps necessary to transfer this claim and all claims we hold against the above debtor into their name. The clerk of the court is authorized to change the address regarding the claim of the Transferor to that of the Transferee listed below.

TRANSFEROR:

**OAKLAND REGIONAL MACOMB CENTER**  
29900 LORRAINE AVE STE 400 WARREN MI 48093

Print Name Alisha Crescenti Title Finance Director  
Signature Alisha Crescenti Date 10.24.13

Updated Address if needed) \_\_\_\_\_

Phone 248.423.5189 Fax 248.423.5199 E-Mail acrescenti@orhmi.com

Federal Tax Identification / Social Security Number: 38-3162435

TRANSFeree:

**DACA VI, LLC**  
1565 Hotel Circle South, Suite 310, San Diego, CA 92108

Signature: \_\_\_\_\_

Andrew Whatnall  
Andrew Whatnall

Mail Ref# 1-123  
3042097